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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/413,857 09/27/2002

** FOREIGN APPLICATIONS *****
 NONE.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/18/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 1	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Prophylactic docosahexaenoic acid therapy for patients with subclinical inflammation

FILING FEE RECEIVED 1532	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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